



FLINT HILLS AREA  
TRANSPORTATION AGENCY  
5815 Marlatt Avenue  
MANHATTAN, KS 66503  
785-537-6345 FAX:785-537-6327  
[www.rileycountyks.gov/ATA](http://www.rileycountyks.gov/ATA)

## ADA PARATRANSIT ELIGIBILITY APPLICATION

### PART A Personal/Contact Information

The Flint Hills aTa Bus provides curb-to-curb Para-transit service to individuals who cannot use the regular Flint Hills aTa Bus Fixed Route service to make their trips. To be eligible for this service, the functional limitations of an individual's disability must prevent regular use of Flint Hills aTa Bus Fixed Route service. Architectural and environmental barriers such as distance, terrain or weather do not, standing alone, form a basis for eligibility. However, consideration may be given to the interaction of environmental conditions (terrain and weather) with the individual's impairment related condition. **Disability alone does not automatically qualify an individual for curb-to-curb bus service.**

To become eligible for service, applicants along with a qualified professional such as: physician (M.D. or D.O.), registered nurse, physical or occupational therapist, psychiatrist, psychologist, mental health counselor, vocational counselor, rehabilitation specialist, independent living skills trainer, or ophthalmologist must complete and submit PART A and PART B for review within 21 days of the day the applicant first rode the curb-to-curb service.

Applicants will also need to complete an Authorization Form for Disclosure of Protected Health Information attached to Part B that will be submitted by the qualified professional.  
Please Type or Print in Ink to complete application forms.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone : (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
TTD/TTY (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail address: \_\_\_\_\_

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Please notify the Flint Hills aTa Bus office of any change in address, phone number(s), emergency contact, medical condition or special assistance needs.

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Do you require information in an alternative format?

Braille \_\_\_\_\_ Large Print \_\_\_\_\_ Audio Tape \_\_\_\_\_ Other: \_\_\_\_\_

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Emergency Contact Information:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If someone is helping you with this application, that person **must** complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

**INFORMATION ABOUT YOUR ABILITIES**

1. What is the disability or health condition that **prevents** you from using the regular fixed-route aTa Bus service?

\_\_\_ Certified Legally Blind

\_\_\_ Loss or inability to use one or more limbs

\_\_\_ Severe effects of stroke

\_\_\_ Paralysis affecting mobility, speech, vision or memory

\_\_\_ Severe Arthritis

\_\_\_ Autoimmune Disorders, for example, Lupus or Scleroderma etc.

\_\_\_ Severe cardiac and/or respiratory impairment affecting strength and/or endurance

\_\_\_ Severe emotional disorder (may require an escort)

\_\_\_ Developmental disabilities, for example, mental retardation, cerebral palsy, epilepsy, autism or neurological disorder, etc.

\_\_\_ Hearing loss accompanied by an inability to understand speech with/without a hearing aid

Other (*please explain*):

\_\_\_\_\_

a. Is your disability permanent? \_\_\_ Yes \_\_\_ No

b. If your disability is temporary, how long do you think it will be until you're better?

# \_\_\_\_\_ Months.

c. Is there a season during the year that your disability/health condition worsens and prevents you from traveling without help? (**Check all that apply**)

\_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter

2. Do you use any of the following mobility aids? **Check all that apply.**

\_\_\_ Manual Wheelchair

\_\_\_ Electric Wheelchair

\_\_\_ Powered Scooter

\_\_\_ Cane

\_\_\_ Walker

\_\_\_ White Cane

\_\_\_ Service Animal

\_\_\_ Crutches

\_\_\_ Oxygen

\_\_\_ Other (please list) \_\_\_\_\_

- a. The weight limit of the wheelchair lift is 600 pounds as specified by Federal DOT ADA Act of 1990 (49CFR) which defines a "common wheelchair" as a mobility aid that does not exceed 30 inches in width and 48 inches in length measured two inches above the ground, and does not weigh more than 600 pounds when occupied. If you checked Wheelchair and/or Scooter under #4 does the mobility aid meet this definition? (Circle one) YES NO
- b. Drivers are not permitted to push mobility aids (wheelchairs) whose combined weight of passenger and mobility aid exceeds 300 lbs. Will applicant be able to maneuver themselves onto the bus, into a forward facing position and in moving out of and away from the bus on de-boarding or provide a PCA for such movement? (Circle one) YES NO
3. Do changes in weather (like extreme heat, cold, wind, rain, snow and/or ice) combined with your disability or health condition **stop** you from using the aTa Bus fixed-route service? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, explain completely. Use an additional sheet if necessary.*
- \_\_\_\_\_
- \_\_\_\_\_
4. Do you require the assistance of a personal care attendant (PCA) when you travel? (**Riders must provide their own PCA**) \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes
5. All Flint Hills Area Transportation Agency vehicles have wheelchair lifts (if you are unable to climb stairs, you can stand on the lift). Would you be able to get onto and off of a regular bus **without the help of another person?** (The driver operates the lift and helps with the securement system. Lifts have handrails.) \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes

If you answered **No or Sometimes**, explain why:

\_\_\_\_\_

\_\_\_\_\_

6. Does your disability or health condition **stop** you from getting to or from an aTa Bus Fixed Route Bus Stop without help from another person, for one of the following reasons? (**Check all that apply.**)

- \_\_\_ Unable (not just difficult) to travel on rough or hilly terrain
- \_\_\_ Extreme sensitivity to certain weather conditions
- \_\_\_ Extreme fatigue due to health condition
- \_\_\_ Unable to cross busy intersections
- \_\_\_ Lack of sidewalks and curb cuts at aTa Bus bus stop
- \_\_\_ Unable to locate aTa Bus bus stop due to a visual impairment
- \_\_\_ Unable to wait outside for ten (10) minutes
- \_\_\_ Unable to travel on ice or snow covered surfaces

☐ Unable to identify correct aTa Bus in the daytime when it is light  
☐ Unable to identify correct aTa Bus in early morning or evening hours when it is dark  
☐ Other  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

7. How many blocks is your home to the nearest aTa Bus Fixed Route bus stop? \_\_\_\_\_  
(A city block is approximately 500 feet long)

8. Indicate below how far you are able to travel **without** help.  
☐ I can get to the curb in front of my house/apartment  
☐ ¼ mile (3 blocks) ☐ ½ mile (6 blocks) ☐ ¾ mile (9 blocks)

9. After arriving at an aTa Bus Fixed Route bus stop, how long can you wait outside (**not sitting**) until an aTa Bus Fixed Route bus arrives?  
☐ 30 minutes or longer ☐ 15 minutes ☐ 10 minutes ☐ Less than 10 minutes  
If you cannot stand while waiting, *why not?* \_\_\_\_\_

10. Are you **able** to perform the following functions without assistance from another person:  
(**check all that apply**)

- ☐ Understand and/or process information
- ☐ Ask for or follow written or oral information, such as schedules  
including TDD, audio tape or voice?
- ☐ Figure out the correct fare?
- ☐ Follow instructions in an emergency?
- ☐ Recognize your destination while on the an aTa Bus Fixed Route bus?
- ☐ Once you get off the City Link bus can you locate and reach your destination?
- ☐ Cross a busy intersection?
- ☐ Find your way between familiar locations?
- ☐ Signal the bus driver to get off the bus at a familiar aTa Bus bus stop and then get  
off the bus? *Assume the driver calls out all aTa Bus Fixed Route bus stops.*
- ☐ Grasp coins, passes, and handles?
- ☐ Communicate addresses, destinations, and telephone numbers on request?
- ☐ Deal with unexpected situations or unexpected changes in routine e.g., fixed routes  
changed due to road construction, regular fixed route bus stop closed?
- ☐ Go up and down steps?

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## AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that the purpose of completing PART A is the first step to determine if I am eligible for the **aTa Bus ADA Complementary Paratransit Service due to disability** or if I can and should use the aTa Bus Fixed Route bus service.

Furthermore, I agree to have a **qualified professional** conduct an independent professional assessment of my eligibility by completing PART B of the application process. I understand that failure to participate in this assessment will result in a denial of eligibility for the Flint Hills Area Transportation Agency Para-transit service.

I understand that Part A, Part B, and the Authorization Form for Disclosure of Protected Health Information attached to Part B must be submitted to complete the application review. In addition, I authorize the qualified healthcare professional completing Part B on my behalf to release this information to the Flint Hills Area Transportation Agency for their review as well as any supporting or other pertinent information about my health or medical condition to assist Flint Hills Area Transportation Agency staff in determining eligibility for complementary para-transit service. I understand that upon receipt of Part A submitted by me or a representative on my behalf, and Part B by a qualified professional conducting the independent professional assessment will begin the 21 calendar day application review period by the Flint Hills Area Transportation Agency. Furthermore, I understand that the Flint Hills Area Transportation Agency may need to contact me or a representative on my behalf regarding my application as well as possibly the qualified professional completing Part B to obtain more information.

I certify by my signature that I have been truthful in answering all questions in this application, and that the information I have provided is correct. I understand that providing false information could result in denial of service.

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Applicant's Signature

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Date

If you assisted the applicant to complete this form, sign below:

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Signature

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Date